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CONFIRMATION NO. 3915

SERIAL NUMBER 10/776,383	FILING OR 371(c) DATE 02/11/2004 RULE	CLASS 424	GROUP ART UNIT 1614	ATTORNEY DOCKET NO. MOUSA-6043
APPLICANTS Shaker Mousa, Wynantskill, NY; Sarah Mousa, Wynantskill, NY; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 11/04/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY NY	SHEETS DRAWING 4	TOTAL CLAIMS 30
Verified and Acknowledged Examiner's Signature _____ Initials _____			INDEPENDENT CLAIMS 3	
ADDRESS JACK P. FRIEDMAN, Ph.D. Schmeiser, Olsen & Watts 22 Century Hill Drive Suite 302 Latham, NY12110				
TITLE METHOD FOR TREATING OCCLUSIVE VASCULAR DISEASES & WOUND HEALING				
FILING FEE RECEIVED 527	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	